

DECLARATION AND AUTHORIZATION OF AGENT

This declaration is of the following type:

- | | | | |
|--|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> original | <input type="checkbox"/> divisional | <input type="checkbox"/> design | <input type="checkbox"/> continuation |
| <input type="checkbox"/> supplemental | <input type="checkbox"/> continuation-in-part | <input type="checkbox"/> national stage of PCT | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled TELECOMMUNICATION SYSTEMS FOR PROVIDING CELLULAR SERVICE TO RF SHADOWS, the specification of which:

- ☒ is attached hereto; or
☐ was filed on _____, as United States Application Serial Number _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, § 119(c) of United States provisional application(s) listed below.

Application Serial Number	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) or any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. or PCT Parent Application Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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PATENT
Agent's File Reference: 0317-01


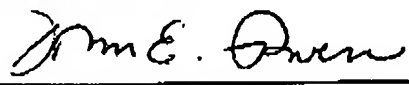
As a named inventor, I hereby appoint the following registered practitioner to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith: Eric K. Satermo, Registration No. 40,159, whose address is 17744 Skypark Circle, Suite 295, Irvine, California 92614.

Please direct all correspondence to:

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Registered Patent Agent
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Irvine, California 92623-9099

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor: Alexander C. Pummer	
Inventor's Signature: 	Date Signed: December 14, 2003
Residence (City, State and/or Country): Pleasanton, California	Citizenship: U.S.A.
Post Office Address(Street, City, State, Zip Code, Country): 4349 Krause Street, Pleasanton, California 94588	
Full Name of Second Inventor: John E. Powers	
Inventor's Signature: 	Date Signed: December 14, 2003
Residence (City, State and/or Country): Fremont, California	Citizenship: U.S.A.
Post Office Address(Street, City, State, Zip Code, Country): 3984 Washington Boulevard, Suite 139, Fremont, California 94538	
Full Name of Third Inventor:	
Inventor's Signature:	Date Signed:
Residence (City, State and/or Country):	Citizenship:
Post Office Address(Street, City, State, Zip Code, Country):	

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PATENT

Applicant: Alexander C. Pummer and John E. Powers
Title: TELECOMMUNICATION SYSTEM FOR PROVIDING
CELLULAR SERVICE TO RF SHADOWS
Agent's File Reference: 0317-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AUTHORIZATION OF AGENT

I hereby appoint:

Eric K. Satermo
Registration No. 40,159
17744 Skypark Circle, Suite 295
Irvine, California 92614

as our agent to prosecute the application identified above and to transact all business in the United States Patent and Trademark Office and with all competent international authorities connected therewith. I am the assignee of record of the entire interest.

CERTIFICATE UNDER 37 C.F.R. § 3.73(b)

Mosaic Technology Group Corporation, a Nevada corporation, states that it is the assignee of the entire right, title, and interest in the patent application identified above by virtue of an Assignment from the inventor of the subject application. A copy of the Assignment is attached.

The undersigned, whose title is supplied below, is empowered to sign this Statement on behalf of the Assignee.

Mosaic Technology Group Corporation

Dated: December 14, 2003

By: John E. Powers

Signature

John E. Powers
Typed or Printed Name

President
Title

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